

Statement of Organization Recipient Committee

Type or print in ink

Statement Type Initial or Not yet qualified

Amendment List I.D. number: # _____

Termination - See Part 5 List I.D. number: # 1349904

Date qualified as committee _____ / _____ / _____ Date qualified as committee (if applicable)

12 / 13 / 2012 Date of Termination

STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410
 For Official Use Only
RECEIVED
 JAN - 2 2013
 CITY OF COTATI
 CITY MANAGER/CITY CLERK

1. Committee Information

NAME OF COMMITTEE
 John Dell'Osso for Cotati Council 2012
 STREET ADDRESS (NO P.O. BOX) _____
 CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
 Cotati CA 94931 _____
 MAILING ADDRESS (IF DIFFERENT) _____

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Gregory S. Reisinger
 STREET ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
 Petaluma CA 94952 _____
 NAME OF ASSISTANT TREASURER, IF ANY _____
 STREET ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
 NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE _____
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ DATE _____
 Executed on 12.13.12 DATE
 Executed on _____ DATE _____
 Executed on _____ DATE _____

By _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent
 By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent
 By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent